PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number 09/694533

CLAIMS AS FILED - PART I						l .		SMALL ENTITY			OTHER	OTHER THAN	
			(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTI		
TOTAL CLAIMS			'			X.1."		RATE	FEE	7	RATE	FEE	
F	OR	NUMBER FILED		NUMBER EXTRA			BASIC FE	370.00	OR	BASIC FEE	740.00		
Ţ	OTAL CHARGE	t - minus 20=		· Y			X\$ 9=		OR	X\$18=			
ĺΝ	DEPENDENT C	minus 3 =		*			X42=		OR	X84=			
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter						column 2		TOTAL	 	OR	TOTAL	- -	
CLAIMS AS AMENDED - PART II									L		OTHER	THAN	
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total		Minus	**		2	П	X\$ 9=		OR	X\$18=		
AME	Independent	<u> -</u>	Minus	***		-		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		1	+140=		OB	+280=		
							L	TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	P	WDIT. FEE			AUUH, FEET		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=		OB	X84=		
	FIRST PRESE	JLTIPLE DEF	PENDENT	CLAIM	U	۱ ۱	+140=		OR	+280=			
								TOTAL			TOTAL		
		Α	DDIT. FEE		OR,	ADDIT. FEE							
		(Column 1) CLAIMS		(Colum		(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	addi- Tional _fee		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	T	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** 1	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20."									OR ,	TOTAL DDIT. FEE		
		nber Previously Pa ber Previously Paid					foun	d in the app	ropriate box	in col	ımn 1.		
Palori and Trademort Office LLS DEPARTMENT OF COMMERC												COMMERCE	